

Society for Investigative Dermatology 2009 Membership Renewal



Personal Information

First Name _____ MI _____

Last Name/Family Name _____

Degree: MD PhD MD/PhD Other

Title _____

Dept. _____

Institution _____

Address _____

City/State _____

Postal Code _____ Country _____

Phone _____

Fax _____

Email _____

Gender: Male Female

Birthdate (MM/DD/YYYY) _____

Affiliation: Academic Industry

Government Private Practice

Resident Fellow

Student Other _____

Fields of Study/Keywords _____

To which other professional organizations do you belong? (Check all that apply)

European Society for Dermatological Research (ESDR)

Japanese Society for Investigative Dermatology (JSID)

American Academy of Dermatology (AAD)

Other _____

Mentorship Database

The Mentorship Database was developed for residents and fellows to identify a possible mentor or collaborator in their field of study. We encourage our members to serve as mentors and help shape the careers of young investigators.

Yes, I want to have my name included in the SID's Mentorship Database. *I have specified my fields of study above.*

Membership Levels & Dues

Membership Category	Dues
<input type="checkbox"/> Patron Member	\$350
<input type="checkbox"/> Active/Sustaining Member	\$220
<input type="checkbox"/> SID/ESDR Joint Member*	\$100
<input type="checkbox"/> Resident/Fellow Member**	\$70
<input type="checkbox"/> Corporate Sustaining Member	\$1,500

* Membership in the SID/ESDR Joint category is open only to full members of the European Society for Dermatological Research. Joint membership is pending verification of a valid ESDR membership.

** To receive subsidized Resident/Fellow membership rates, you must mail or fax to the SID a letter from your department chair or program director verifying your status. Letters must be signed and on official university/institution letterhead. Membership will not be processed until all documentation is received.

Support Educational Programming

I would like to make an additional gift to the SID to support educational programming.

Gift Amount _____

Payment Information

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below. *Payment by check saves the SID 5% credit card processing fees.*

Check Number _____ Total Amount _____

Mastercard Visa American Express

Card Number _____

Expiration Date _____

Authorized Signature _____

Submit Payment and Forms to:

Society for Investigative Dermatology
526 Superior Avenue, Suite 540
Cleveland, Ohio 44114

Fax: 216-579-9333